

03945 U.S. PRO
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09/05/03

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No.	66183-41383
		First Inventor	Graebe, Kurtis F.
		Title	AIR PILLOW WITH FOUR ADJUSTABLE AIR PRESSURE CHAMBERS
		Express Mail No.	EV328618511US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Commissioner for Patents MAIL STOP PATENT APPLICATION PO Box 1450, Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 2. <input checked="" type="checkbox"/> Specification [Total Pages 2] (preferred arrangement set forth below) <input checked="" type="checkbox"/> Descriptive title of the invention <input type="checkbox"/> Cross Reference to Related Applications <input type="checkbox"/> Statement Regarding Fed sponsored R & D <input type="checkbox"/> Reference to sequence listing, a table, or a computer program listing appendix <input checked="" type="checkbox"/> Background of the Invention <input checked="" type="checkbox"/> Brief Summary of the Invention <input checked="" type="checkbox"/> Brief Description of the Drawings (if filed) <input checked="" type="checkbox"/> Detailed Description <input checked="" type="checkbox"/> Claim(s) <input checked="" type="checkbox"/> Abstract of the Disclosure		5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identify of above copies	
ACCOMPANYING APPLICATION PARTS			
7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (when there is an assignee) 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 14. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent 15. <input checked="" type="checkbox"/> Certificate of Express Mail 16. <input checked="" type="checkbox"/> Other: <u>Copy of Transmittal for Deposit Account Processing</u>			

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No.: _____

Prior application information:

Examiner _____

Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

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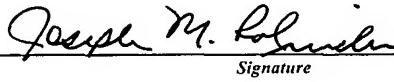
Name	Joseph M. Rolnicki			Registration No. (Attorney/Agent) #32,653
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City	St. Louis	State	MO	Zip Code
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PATENT APPLICATION FEE DETERMINATION RECORD				Application or Docket Number 66183-41383			
CLAIMS AS FILED – PART I							
	(Column 1)	(Column 2)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE		RATE	
BASIC FEE (37 CFR 1.16(a))				375.00			0.00
TOTAL CLAIMS (37 CFR 1.16(c))	20 minus 20 =	0	x \$ =	0.00	OR	x \$ =	0.00
INDEPENDENT CLAIMS (37 CFR 1.16(b))	2 minus 3 =	0	x \$ =	0.00	OR	x \$ =	0.00
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ \$ =		OR	+ \$ =	
* If the difference in column 1 is less than zero, enter "0" in column 2			TOTAL	375.00	OR	TOTAL	0.00

- A check in the amount of \$ _____ is attached.
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- Charge the amount of \$ 375.00
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Signature

Dated: September 4, 2003

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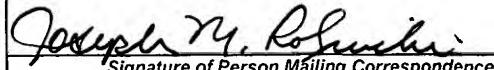


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Signature of Person Mailing Correspondence

Joseph M. Rolnicki
 Typed or Printed Name of Person Mailing Correspondence